

9/23/2020 15:33

CLAYTON COUNTY SHERIFF'S OFFICE
INMATE FILE PRINTOUT - ARREST / BOOKING REPORT

PAGE 1

Inmate Name

GOODWINE, CHARLES HENRY JR

LE# Nbr

0633902

D.O.B

Age

Race

Gender

Eyes

Hair

Wgt

Hgt

1965

55

BLACK

MALE

BROWN

BLACK

202

601

SSN

CCID#

SID#

FBI#

NCIC Classification

120569

1100161M

919084PA6

DO TT TT 08 06 20 11 TT 07 11

Current Address/Telephone

Driver's License/State

Place of Birth

SAVANNAH, GA

Alias Name

D.O.B

SSN

OBTS Number

Arresting Officer

Agency

2020AN14731

GAINES CARL JAMES SGT

Clayton County Sheriff (FOD)

Docket/Dsp Offense

Date

Warrant

OBTS Number

202025904 JBK 00 0010D

VIOL OF PROB

9/16/2020

Prop Bond

Cash Bond

2018CR06644

2020AN14731

Handwritten:
JL #2020
01-06-21

Handwritten:
TSR - RSR 1/6/21

Handwritten:
5604 NH ✓
NB NW ✓
\$26.50 CH ✓
OTDR

Handwritten:
Gray 2430g

Holds Agency

Charge

Warrant Number

Officer

Phone Number



GOODWINE
CHARLES HENRY JR
LE# 0633902
DOB 1965

Pod/Cell

Class

ISC

LDS

STS

BIN

Date

H WAIT

NV

MED

N

PTF

9/23/2020

Booking Officer

WOODS, M. M.

R&I Tech.

I hereby authorize the sheriff, his jailer or deputies to open and inspect all mail matter or packages which may be addressed to me as long as I am a prisoner in his custody.

Date

Prisoner's Signature

AGENCY NO.		TIME		ARREST/BOOKING REPORT		CASE NUMBER		SUFFIX	
GA 00000000		0448							
DEFENDANT NAME (LAST, FIRST, MIDDLE)						RACE		SEX	
Goodwin, Charles						B		M	
AGE		HEIGHT		WEIGHT		HAIR		EYES	
58		601		190		BLD		BLU	
ATTENDANCE NUMBER AND SUBJECT						CITY AND STATE		MONTAGUE	
						MURROW		GA	
ALIAS						DRIVER LICENSE NUMBER		STATE	
EMPLOYER OR OCCUPATION				ARRESTING AGENCY		ARRESTING OFFICER		NUMBER	
				0000		D. GAMES		23094	
BOOKING OFFICER'S NAME				NUMBER		FINGERPRINTED/PHOTOGRAPHED BY		NUMBER	
DATE OF ARREST		TIME		LOC CODE		LOCATION		CURRENT DATE	
092320		1448				9151 Tara Blvd		Sanestore GA	
OFFENSE DATE		GD NUMBER		FBI NUMBER		AGENCY ID NUMBER			
CHARGE	CHARGE ID.	COUNTS	A	COUNTS	B	COUNTS	C		
	CHARGE	VOP							
LOCATION	STATUTE	2018CP06644							
	AT OR NEAR SCENE	YES	NO	YES	NO	YES	NO		
BOND	OFFENSE	CITY	COUNTY	STATE	OUT OF STATE	LINK	CITY	COUNTY	STATE
	ARREST	CITY	COUNTY	STATE	OUT OF STATE	LINK	CITY	COUNTY	STATE
DISPOSITION	BOND AMT.								
	BOND TYPE								
MEDICAL	RET. DATE								
	BOND CO.								
DRUG	SENTENCE	DAYS	AMOUNT	DAYS	AMOUNT	DAYS	AMOUNT		
	TIME SERVED								
	GOOD TIME								
	BALANCE								
	PAID								
	RECPT. NO.								
	RETURNED								
	RECPT. NO.								
CELL NUMBER		TRANSFER		REASON					
ANY KNOWN ALLERGIES _____ IF YES, WHAT _____									
ANY HISTORY OF HEART DISEASE _____ DIABETES _____ EPILEPSY _____ HIGH BLOOD PRESSURE _____									
IS SUBJECT NOW UNDER DOCTORS CARE AND/OR TAKING ANY MEDICATIONS _____ IF YES, WHAT _____									
ANY SIGNS/HISTORY OF DRUG USE? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, INDICATE TYPE(S):									
<input type="checkbox"/> 1 - AMPHETAMINE <input type="checkbox"/> 2 - BARBITURATE <input type="checkbox"/> 3 - COCAINE <input type="checkbox"/> U - UNKNOWN <input type="checkbox"/> 4 - HALLUCINOGEN <input type="checkbox"/> 5 - HEROIN <input type="checkbox"/> 6 - MARIJUANA <input type="checkbox"/> 7 - METHAMPHETAMINE <input type="checkbox"/> 8 - OPIUM <input type="checkbox"/> 9 - SYNTHETIC NARCOTIC									
RELEASE DATE		TIME		ARRESTING OFFICER - LAST NAME		NUMBER		AGENCY RELEASED TO	

SIGNATURE OF RECEIVING OFFICIAL ☒ LIST ANY REMARKS BELOW

DEFENDANT'S PERSONAL PROPERTY RECEIPT

TOTAL CASH AT TIME OF ARREST \$

CITY	ITEM	QTY	ITEM

I HEREBY STATE THAT THE PROPERTY LISTED ABOVE CONSTITUTES ALL CLAIMS TO PROPERTY ON MY PERSON AT THE TIME OF MY ARREST.

☒ DEFENDANT'S SIGNATURE AT TIME OF ARREST
 WITNESS

I HEREBY STATE THAT THE ABOVE LISTED PROPERTY WAS RETURNED TO ME IN SATISFACTION OF ALL CLAIMS TO PROPERTY ON MY PERSON AT THE TIME OF MY ARREST, ON THE DATE OF MY RELEASE

X